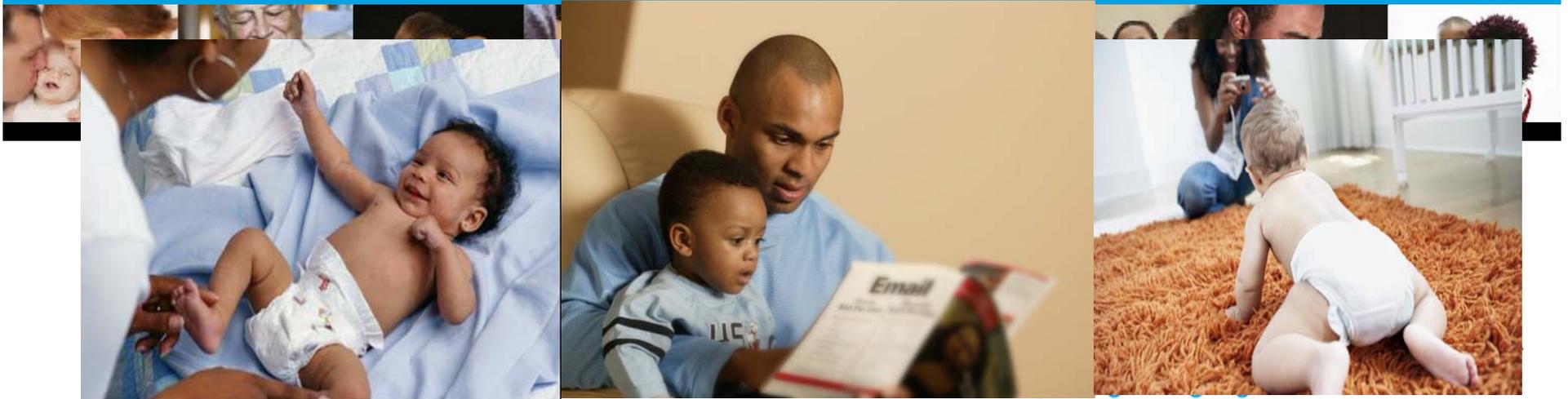


# Building the Infant Mental Health Workforce

## GIH Behavioral Health Funders Webinar May 10, 2012



# Defining Infant Mental Health

- Infant: a very young child from birth through age 3 years
- Mental: social, emotional, and cognitive capacities
- Health: well-being

“There is no such thing as an infant, only an infant and caregiving parent...” D. Winnicott, pediatrician

# What is Infant Mental Health?



*"I wish I'd started therapy at your age."*

# What is Infant Mental Health ?

- A field dedicated to:
  - promoting the social and emotional health of all infants, very young children, and families through research, policy, and practice
  - reducing risk through early identification and intervention
  - treating disturbances and disorders
- Attends both to the infant or toddler's social, emotional and cognitive competencies and the parents' capacity to care for their child within the context of their early developing relationship



# Infant Mental Health Services

- Value early developing relationships between parents and young children as the foundation for optimal health, growth and change
- Nurture, protect and support early developing relationships within families
- Support parents' capacities to respond to their infants' or toddlers' health and mental health needs appropriately, consistently, sensitively
- Treat parents' mental health needs that interfere with their capacity to provide adequate parenting care necessary for a child's success in school and in life

# Central Beliefs

- All infants and toddlers benefit from a sustained, primary relationship that is nurturing, supportive and protective:
  - necessary for physical, cognitive, social and emotional well-being
  - affects the very young child's ability to relate positively to others, to explore, to meet challenges successfully and to learn

# Infant Mental Health Model

- Goals
  - To **promote** positive parent-infant interactions, responsive relationships and healthy infant development
  - To **reduce the incidence and prevalence** of abuse, neglect, developmental delay, and social-emotional-behavioral disorders due to early adversity, exposure to trauma and significant stress and parenting problems
- Service Population Characteristics
  - Families in which the parent's condition and life circumstances or the characteristics of the infant threaten the parent's ability to respond and the consequent social, emotional, behavioral and cognitive development of the infant

# Risks and Reasons for Referral

- Infants may be:
  - Premature, underweight, failing to thrive, medically compromised, temperamentally difficult to care for, irritable, inconsolable, experiencing regulatory disturbances (e.g., sleeping, eating), unresponsive, listless, hypersensitive, highly active (DC-0 to 3R)
- Toddlers may have:
  - Regulatory disturbances, sensory processing difficulties, behavioral difficulties (tantrums, biting), traumatic stress, suspected or confirmed developmental delays, identified disabilities, relationship disorders or disturbances (*DC-0 to 3R*)
- Parents may be:
  - Adolescent, impoverished, undereducated, unemployed, substance abusing, severely depressed, in relationships with domestic violence, and significantly stressed

# Infant Mental Health Disorders

- About 10% of very young children have some kind of clinical emotional condition
- These include posttraumatic stress disorder, antecedents of social anxiety (clinging, tantrums), major depression, and prolonged bereavement
- By school age, and without services, 90% are still impaired by school age.  
H. Egger, MD, March, 2011

# Infant Mental Health Service Components

- Concrete Assistance
- Emotional Support
- Developmental Guidance
- Early Relationship Assessment and Support
- Advocacy
- Infant-Parent Psychotherapy

# Evidence: ACE Report

- People with multiple adverse childhood experiences were likely to have multiple health risk factors later in life
- Adverse childhood experiences include: psychological, physical, sexual abuse; exposure to substance abuse, domestic violence or mental illness in family
- Health risk factors later in life include: smoking, obesity, depression, suicide, alcoholism, drug use, cancer, heart disease

# Infant Mental Health Workforce

- Who Provides IMH Services
  - Community Mental Health service providers
  - Home-based services clinicians
  - Nurse practitioners, social workers, psychologists, developmental pediatricians
  - Private mental health practitioners
  - Home visitors
  - Early care and education providers

# Core Infant Mental Health Workforce Competencies

Competencies = knowledge, skills, values

- Theory
- Law, Regulation & Agency Policy
- Systems Expertise
- Direct Service Skills
- Working with Others
- Communicating
- Thinking
- Reflection

# Completion of Competency Guidelines® and A Work Plan

- 2000 - grant from the Kellogg Foundation to MI-AIMH to support and complete the Competency Guidelines®
- By 2002, developed and completed a systematic plan for professional work force development
- *Result: The MI-AIMH Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®*

# The Endorsement®

- 4-level, interdisciplinary, professional development system to expand and recognize competency in the infant mental health field:
  - Infant Family Associate - Level I
  - Infant Family Specialist - Level II
  - Infant Mental Health Specialist – Level III
  - Infant Mental Health Mentor (later expanded to specify clinical, policy or faculty/research) – Level IV

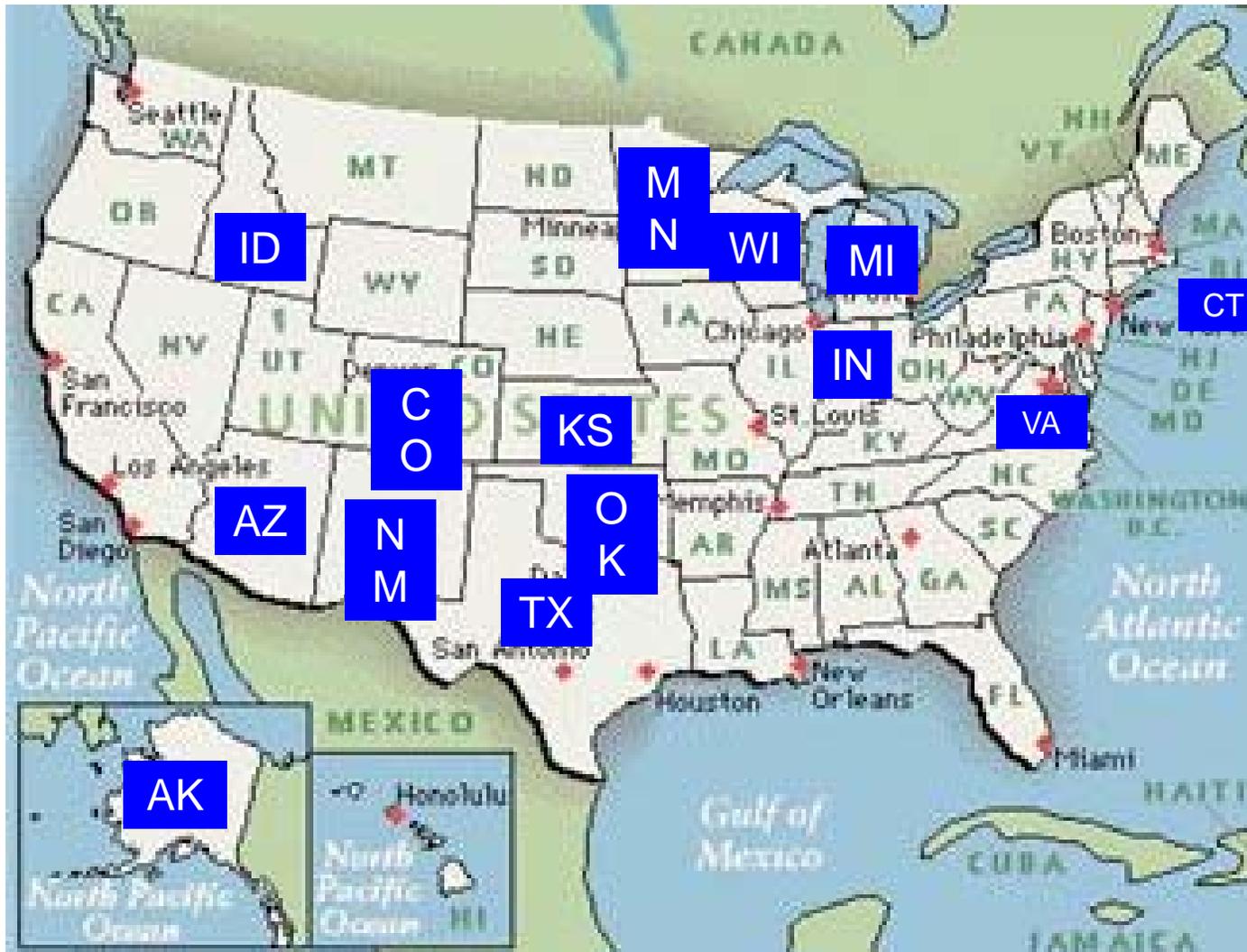
# Interest Spread Across States

- MI-AIMH accepted its first Michigan applicants in June of 2002 and its first state affiliate (Texas) in 2005
- In 2007 leaders formed a “league of affiliate states” to support one another in implementing the standards and agreed to convene annually

# By 2012 - 14 State Partners

- Alaska Infant and Toddler Mental Health Association
- Arizona Infant Toddler Children's Mental Health Association
- Colorado Association for Infant Mental Health
- Connecticut Association for Infant Mental Health
- Idaho Association for Infant Mental Health
- Indiana Infant and Toddler Mental Health Association
- Kansas Association for Infant Mental
- Michigan Association for Infant Mental Health
- Minnesota Infant and Early Childhood Mental Health Association
- New Mexico Association for Infant Mental Health
- Oklahoma Association for Infant Mental Health
- Texas Association for Infant Mental Health
- Virginia Association for Infant Mental Health
- Wisconsin Affiliate for Infant Mental Health

# League of States - 2012



# New Levels of Investment in the Promotion of Infant Mental Health

- Multiple stakeholders have worked together to provide funding to purchase the competencies and administer the endorsement
- Innovative promotional strategies have been created to interest infant and family professionals in meeting criteria for endorsement
- Program policies at local and state levels have been adopted to support competency-based, work force development
- Training, graduate and certificate programs have been designed for infant and family professionals to meet criteria for endorsement

# Role of Funders in Supporting Infant Mental Health Workforce Development

- Sampling of local foundations who have awarded grants to explore and fund the competencies and endorsement:
  - St. Luke's Health and Lodestar (Arizona)
  - W.K. Kellogg Foundation (Michigan) and Sarkeys Foundation (Oklahoma)
  - Bush Foundation (Minnesota)
  - Hogg Foundation for Mental Health, Meadows Foundation, Simmons Foundation (Texas)
  - Children's Fund of Connecticut (Connecticut)

# A Connecticut Funder's Role (2008-present)

- Support and participate in plan development for competency-based workforce in CT
  - Purchase competency license/guidelines
  - Planning/convening
- Provide funding for:
  - Capacity building
  - Strategic planning
  - Training and reflective supervision
  - Scholarships to attend League of States meeting
- Advance policy development that embeds competent workforce in early childhood mental health systems development
- Result – 11 people with endorsement and more in the pipeline

# Funding Strategies in CT

- Direct Funding
  - Head Start Collaboration
  - William Caspar Graustein Memorial Fund
  - DCF through the Early Childhood Consultation Partnership
- Embed in federal grant opportunities
  - Mental Health Transformation Grant
  - CMHS Early Childhood Mental Health Systems of Care Grants
  - Administration on Children and Families grant to DCF
  - Project LAUNCH

# Sources of Public Funding

- State agencies and departments provide public funding:
  - New Mexico Children, Youth & Families Department
  - Oklahoma Department of Human Services
  - Virginia Department of Behavioral Health
  - Indiana Part C Funds
  - Kansas Early Learning Collaborative
  - Michigan Department of Community Health
  - Federal stimulus funds
  - Wisconsin Mental Health block grant

# Outcomes: Policy Changes

- Kansas receives \$500,000 for work force development based on the competencies and Endorsement®.
- Arizona 0-5 Behavioral Health and Healthy Families protocols include Endorsement® in work force development plans.
- New Mexico Children, Youth & Families Department uses the competencies to guide training and provide reflective supervision for state-wide home visiting programs
- Effective October 1, 2009, Michigan's Department of Community Health requires all Medicaid funded infant mental health and home-based service providers in state to earn Endorsement®

# Outcomes: New University Programs

## Graduate Programs

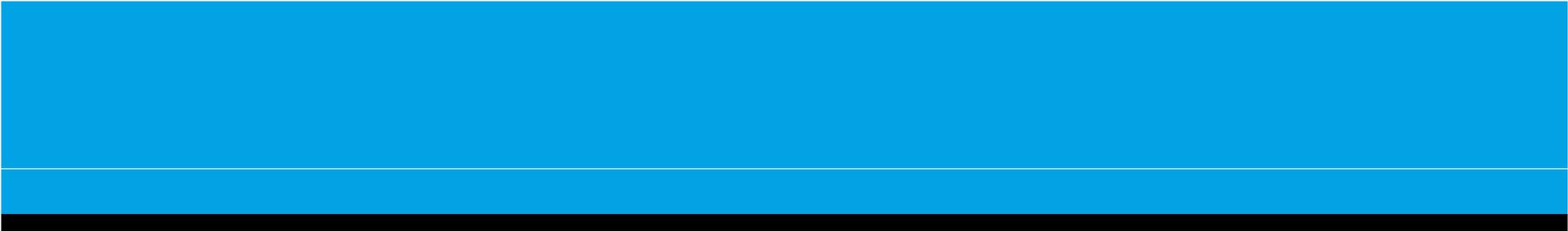
- Advanced Studies (MA) in Infant and Family Practice at Arizona State University incorporates competencies in new degree in 2008.
- University of Minnesota Certificate in Infant and Early Childhood Mental Health created to reflect all competencies.
- University of Alaska Anchorage: Children's Behavioral Health Graduate Certificate leads to endorsement
- Wayne State University: Graduate Certificate in IMH uses competencies as framework for program
- Michigan State U: Interdepartmental Grad Specialization in Infancy & Early Childhood revised to reflect competencies

# Outcomes

- To date, over 650 people have earned Endorsement®
- Over 950 people are working toward Endorsement®
- Recognition from ZERO TO THREE that the Competency Guidelines and Endorsement® provide an important grass roots initiative to expand capacity and quality in the infant and family field

# Next Steps

- Build public will by promoting the first 1,000 days of life as a public health issue
- Build collaborative community support to promote positive mental health in infancy and early parenthood
- Increase understanding of infant mental health, focusing on social and emotional well-being in infancy as well as the antecedents of risks, delays and emotional disorders
- Build a unified framework for work force development promoting infant mental health through a competency driven system
- Build a national structure for professional development standards, policies and practices for the infant mental health field



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